

Request for Proposal # 31
ATTACHMENT A-2, COST AND FEES, COST PROPOSAL WORKSHEET

COUNTY		P.C. 1368 / 1370	P.C. 1368 / 1370 (involuntary medication orders)	P.C. 288.1	W&I Code 709
		Please provide cost per evaluation and/or hourly rate; or N/A if not applicable.			
Sonoma					
If providing pricing for other "Nearby Courts" please list below.					
Lake					
Mendocino					
	Mental Health Evaluator Name: _____				
	Mental Health Evaluator Signature: _____				
	Date Signed: _____				
	Please provide additional cost information on a separate sheet titled "Cost Explanation".				